



PTO/SB/17 (12-04v2)  
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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>Fee TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	10/623,135
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 18, 2003
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 1,730.00)		First Named Inventor	Osamu Kamoda
		Examiner Name	S. A. Barts
		Art Unit	1621
		Attorney Docket No.	47216 DIV CON (71526)

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards & Angell, LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>			
	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>	
	Utility	300	150	500	250	200	100	_____
	Design	200	100	100	50	130	65	_____
	Plant	200	100	300	150	160	80	_____
	Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____	
<b>2. EXCESS CLAIM FEES</b>								
<b>Fee Description</b>								
Each claim over 20 (including Reissues) _____ 50 25								
Each independent claim over 3 (including Reissues) _____ 200 100								
Multiple dependent claims _____ 360 180								
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>				
_____ - 20 =	_____ x	_____ =	_____	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____				
_____ - 3 =	_____ x	_____ =	_____	_____				
<b>3. APPLICATION SIZE FEE</b>								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
_____ - 100 =	_____ /50	(round up to a whole number) x		_____ =	_____			
<b>4. OTHER FEE(S)</b>								
Non-English Specification, \$130 fee (no small entity discount) _____ 1,400.00								
Other (e.g., late filing surcharge): 1501 Utility issue fee _____ 300.00								
1504 Publication fee for early, voluntary, or normal ... _____ 30.00								
8001 Printed copy of patent w/o color _____								

<b>SUBMITTED BY</b>					
Signature			Registration No. (Attorney/Agent)	48,399	Telephone (617) 439-4444
Name (Print/Type)	John B. Alexander, Ph.D.		Date	September 6, 2005	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV711310577US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: September 6, 2005

Signature: (Michelle Chicos)